

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/544,742 Confirmation No. 2331
Applicant(s) : Alex Kuperman et al.
Filed : April 7, 2000
TC/A.U. : 1754
Examiner : Edward M. Johnson
Title : METHOD OF PREPARING A CATALYST CONTAINING GOLD
AND TITANIUM

Docket No. : 44251
Customer No. : 00109

CERTIFICATION OF FACSIMILE TRANSMISSION

I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE
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DATE OF DEPOSIT

Shari deBeauclair

PRINT OR TYPE NAME OF PERSON SIGNING CERTIFICATE

Shari deBeauclair

SIGNATURE OF PERSON SIGNING CERTIFICATE

December 4, 2003

DATE OF SIGNATURE

**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Sir.

RESPONSE E: RESPONSE TO FINAL REJECTION

In the above-identified patent application, responsive to the Official Action dated September 16, 2003, please amend the application as detailed hereinafter and please reconsider the claims in view of the arguments presented hereinafter.

Amendments to the Specification: None

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings: (None/Not applicable)

Remarks/Arguments begin on page 7 of this paper.

COVER SHEET FOR FACSIMILE TRANSMISSION**RECEIVED
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TO: THE U. S. PATENT & TRADEMARK OFFICE
FROM: THE DOW CHEMICAL COMPANY; Midland, Michigan

DEC 04 2003**OFFICIAL****DATE OF TRANSMISSION:** December 4, 2003**DOW DOCKET NUMBER:** 44251 US**APPLICATION SERIAL NUMBER:** 09/544,742**TYPE OF COMMUNICATION:** Fee Sheet for New Claims (original and 2 copies = 3 pages), Response E: Response to Final Rejection (16 pages)**NO. OF PAGES OF TRANSMISSION INCLUDING THIS COVER SHEET:** 20**NAME OF PTO CONTACT:** Edward M. Johnson**TELEPHONE NUMBER FOR PTO CONTACT:** (703) 305-0216**FAX NUMBER FOR PTO CONTACT:** (703) 872-9306**INTELLECTUAL PROPERTY INFORMATION:****INTELLECTUAL PROPERTY RETURN FAX NUMBER:** (989) 636-2523**CONTACT PERSON:** Shari deBeauclair**CONTACT PERSON TELEPHONE NUMBER:** (989) 636-2556

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 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment requiring an additional fee in the above-identified application.

The fee has been estimated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present Extra	(6) Rate	(7) Add'l Fee
Total Claims	*42	Minus	** 36	6	\$18	\$108.00
Independent Claims	*2	Minus	***3	0	\$86	\$0.00
First Presentation of Multiple Dependent Claims				\$290		\$0.00

Total additional fee for this amendment \$108.00

*If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

**If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

Please charge the above fee to our Account No. 04-1512. If this estimate is incorrect, please charge or credit our account accordingly. Three copies of this sheet are enclosed.

Respectfully submitted,

Marie F. Zuckerman
 Registration No. 31,315
 Phone: (203 248-3907)

Dated: December 3, 2003

MFZ/sdb